

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

FILED CLERK  
2015 JUL 27 AM 11:45  
KLEAHE HARRISVILLE

VERIFIRE NETWORK SOLUTIONS, LLC,

Plaintiff(s)

v.

CHECK POINT SOFTWARE TECHNOLOGIES,  
INC.,

Defendant(s)

Civil Action No. 2:15-cv-929

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Check Point Software Technologies, Inc.  
c/o Corporation Service Company d/b/a  
CSC Lawyers Incorporating Service Company  
211 E. 7th Street Suite 620  
Austin, Texas 78701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Craig Tadlock  
TADLOCK LAW FIRM PLLC  
2701 Dallas Parkway, Suite 360  
Plano, TX 75093  
Tel: 903-730-6789  
Email: craig@tadlocklawfirm.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 6/11/15



CLERK OF COURT

David Malan

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-929

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) CHECK POINT SOFTWARE TECHNOLOGIES, INC.  
was received by me on (date) 06/16/2015.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

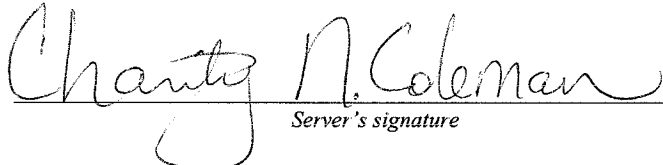
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify): DELIVERED BY CERTIFIED MAIL RETURN RECEIPT REQUESTED TO CHECK POINT  
SOFTWARE TECHNOLOGIES, INC. BY DELIVERING TO ITS REGISTERED AGENT,  
CORPORATION SERVICE COMPANY D/B/A CSC LAWYERS INCORPORATING  
SERVICE COMPANY AT 211 E. 7TH STREET, SUITE 620, AUSTIN, TEXAS 78701 \*\*\*

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/10/2015

  
\_\_\_\_\_  
Server's signature

CHARITY N. COLEMAN, PROCESS SERVER SCH2761


Printed name and title

5470 LYNDON B. JOHNSON FREEWAY  
DALLAS, TEXAS 75240

Server's address

Additional information regarding attempted service, etc:

\*\*\* ON 06/19/2015. U.S.P.S. 3811 SIGNED BY CHRIS SALZAN AN AUTHORIZED AGENT OF CORPORATION SERVICE COMPANY IS ATTACHED.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent  X Chris Sarzan <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CHECK POINT SOFTWARE  TECHNOLOGIES, INC.  C/O CORPORATION SERVICE COMPANY</p> <p>211 E. 7TH STREET, SUITE 620  AUSTIN TX 78701</p>		<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;">JUN 19 2015</span></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7013 1710 0000 5001 4729</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt 1670574</p>	